

CITY OF MILWAUKEE  
PROPERTY RECORDING APPLICATION  
(As required by City Ordinance 200-51.5)

SECTION 1: TYPE OF APPLICATION(See Section 1 instructions)PLEASE TYPE OR PRINT IN INK!

☐ ☆ Original recording - \$30 fee for each property (taxkey).

☐ Change of ownership application - \$30 fee for each property (taxkey).

Date of property purchase, sale or transfer:   /   /   (Month/Day/Year).  
(If not recorded within 15 days of transfer/sale, fee doubles to \$60 for each property (taxkey).)

☐ Update application previously submitted - No fee if voluntarily submitted within 15 days of change.  
Enter date of application change here:   /   /   (Month/Day/Year) and check the appropriate box (es) below:

☐ Ownership address or phone change (Section 3 change)

☐ Correcting previous error. Describe

☐ Agent, Operator, or Primary Contact change (Sections 4 - 6)

☐ Other change to existing application. Describe

SECTION 2: PROPERTY DESCRIPTION(See Section 2 instructions)

Taxkey Number

House Number

Dir

Street Name

Street Type  
(ST,PL,RD,etc.)

# Residential Units

ADDITIONAL PROPERTY LIST ATTACHED (Y/N)   NUMBER OF PROPERTIES ON ATTACHED LIST

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

☐ ← CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.  
ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS  
IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

3A: Owned by Person (s)(See Section 3A instructions)

OWNER 1:

If property is jointly owned such as husband and wife,  
each name must be listed separately below as Owner 1 & Owner 2.

Last Name

First Name

MI

Jr., III, etc.

Date of Birth:   /   /     
(Month/Day/Year)

House Number

Dir

Street

Street Type

City

State

Zip Code

Check One: ADDRESS – Home ( )   PHONE – Home (   )   –     
Business ( )   Business (   )   –

Ownership Type: (CHECK ONLY ONE )  
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify

PREFERRED MAILING ADDRESS (optional):  

PO Box or House Number

Dir

Street

Street Type

City

State

Zip Code

“Doing Business As” Name (Optional) :

OWNER 2:

Last Name

First Name

MI

Jr., III, etc.

Date of Birth:   /   /     
(Month/Day/Year)

House Number

Dir

Street

Street Type

City

State

Zip Code

Check One: ADDRESS – Home ( )   PHONE – Home (   )   –     
Business ( )   Business (   )   –

Ownership Type: (CHECK ONLY ONE )  
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify

PREFERRED MAILING ADDRESS (optional):  

PO Box or House Number

Dir

Street

Street Type

City

State

Zip Code

“Doing Business As” Name (Optional) :

(Don’t forget! – At least one owner must sign in Section 7)

3B: Owned by Corporation, Limited-Partnership-Liability Company-Liability Partnership  
as registered with the Wisconsin Secretary of State(See Section 3B instructions)

Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company, ☐ Limited Liability Partnership  
(Registered agent & WI CORP. ID # required) ☐ Other (specify)

Business Phone (   )   –

Corporation, Limited Partnership, or Limited Liability Company or Limited Liability Partnership Business Name

Registered Agent’s Last Name

First Name

MI

Jr., III, etc.

Wis. Corp. Div. I.D. #

House Number

Dir

Street

Street Type

City

State

Zip Code

Corp., LP’s,LLC’s or LLP’s Address  
Ownership Type: (CHECK ONLY ONE )  
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify

PREFERRED MAILING ADDRESS (optional):  

PO Box or House Number

Dir

Street

Street Type

City

State

Zip Code

SECTION 4: OPERATOR(See Section 4 instructions)(Person who rents to tenants or has charge, care, or control of the building.)

Check One: ☐ Person ☐ Other (specify) \_\_\_\_\_ ☐ Corporation, Limited Partnership, Limited Liability Company, or Limited Liability Partnership **(Registered agent & WI CORP. ID # required)**

Last Name

First Name

MI

Jr., III, etc.

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

(Month/Day/Year)

House Number

Dir

Street

Street Type

City

State

Zip Code

Check One: ADDRESS – Home ( ) PHONE – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Business ( ) Business (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

REGISTERED AGENT OF CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP

Last Name

First Name

MI

Wis. Corp. Div. I.D. #

Code Violation Liability Statement

I, \_\_\_\_\_, as operator for all properties  
(Print Name Please)  
  
recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I may be held liable for violations of the Milwaukee Code of Ordinances for Orders issued to me regarding these properties.  
  
Operator’s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of notarial Officer (Seal ,if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 5: AUTHORIZED AGENT(See Section 5 instructions)(Person who can accept service of process for owner.)

Last Name

First Name

MI

Jr., III, etc.

Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

(Month/Day/Year)

House Number

Dir

Street

Street Type

City

State

Zip Code

Check One: ADDRESS – Home ( ) PHONE – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Business ( ) Business (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

SECTION 6: PREFERRED PRIMARY CONTACT(See Section 6 instructions)

If the preferred primary contact is one of the people listed in Sections 3, 4 or 5 you need only enter their name in this section.

Last Name

First Name

MI

Jr., III, etc.

House Number

Dir

Street

Street Type

City

State

Zip Code

Check One: ADDRESS – Home ( ) PHONE – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ Business ( ) Business (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

SECTION 7: SIGNATURES(See Section 7 Instructions.) All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

At least one owner is required to sign below and the signature must be notarized.

If an operator and/or authorized agent is named above, I expressly authorize and appoint the (operator/agent) (Circle one) named herein to accept service of process on my behalf for all properties recorded pursuant to Ord. 200-51.5.

Owner 1 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner 2 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Officer of Corporation, \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Limited Partnership,  
Limited Liability Company or Limited Liability Partnership

Title of above Signatory \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of notarial Officer (Seal ,if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE!: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE  
Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services  
841 N. Broadway RM 105, Milwaukee, WI 53202-3613

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